

ALABAMA MEDICAID AGENCY

ATTN: NELL LARKIN, E/D CERTIFICATION

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

Name and Address of Mother

Agency/Hospital:_____

Contact Person:_____

Contact Phone #:_____

Fax #:_____

RE: Medicaid Coverage of Newborn Children of Medicaid Eligible Mothers (Including SSI Mothers)

Medicaid is available to certain children born to mothers eligible for and receiving Medicaid at the time of the child's birth. The child may be eligible for Medicaid for up to age one.

In order to have Medicaid pay claims for the child, please answer the following questions and return this letter in the postage-paid envelop (if provided), mail it to the address listed above or fax it to 334-242-0566. (If this form is completed in the hospital, the hospital will fax it to Medicaid.)

Please print your responses to the following questions:

1. What is the name of the child? _____
2. What is the sex of the child? _____ Male _____ Female
3. What is the date of birth of the child? _____
4. If the child has a Social Security number, please list the number: _____
5. Does/will the child live in the home with the mother? _____ Yes _____ No
6. Will the child require additional days in the hospital? _____ Yes _____ No
7. Mother's Signature _____
8. Mother's Social Security Number _____
9. Mother's daytime telephone number (including area code) (_____) _____
10. Does the mother receive SSI? _____ Yes _____ No

Please remember that the above information is needed in order to pay medical bills for the child up to age one. If the child is eligible but does not have a Social Security Number, we will send the mother a paper Medicaid card for him/her. If the child is eligible and does have a Social Security Number, we will send a plastic Medicaid card for the child. The Medicaid card must be presented to the provider of medical services in order for payment to be made.

Application for Coverage of Newborn Children of Medicaid Eligible Mothers
(Form 284)

Purpose: To enroll children of Medicaid eligible mothers in Medicaid from birth until their first birthday.

Distribution: Original - Medicaid Central Office case file.

Instructions: This form may be filled out by the mother of the child, by an employee of the hospital where the child is born or by someone else, such as an employee of a public agency or other representative of the mother. The mother must sign the form at item 7.

Name and Address of Mother (top left). Enter name and address of the mother in this area.

1. Enter the name of the child.
2. Indicate with an "X" the sex of the child.
3. Enter the date of birth of the child.
4. List the child's Social Security number. If not available, the mother should apply through Social Security for the number. The mother should notify the Medicaid agency immediately when the number is received by calling the telephone number on the back of her plastic Medicaid card.
5. Indicate with an "X" whether the child lives with his/her mother.
6. Indicate with an "X" whether the child requires additional days in the hospital.
7. The mother should sign the form here.
8. Enter the mother's Social Security number.
9. Enter the mother's daytime phone number, including the area code.
10. Indicate with an "X" whether the mother receives SSI.